

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> <small>(FOR USE WITH FORM PTO-875)</small>							SERIAL NO.	FILING DATE
							APPLICANT(S)	
<div style="display: flex; justify-content: space-between;"> <span>08/62/05</span> <span>CLAIMS</span> </div>								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	/		/				51	
2	/	/	/	/			52	
3	/	/	/	/			53	
4	/	/	/	/			54	
5	/	/	/	/			55	
6	/	/	/	/			56	
7	/	/	/	/			57	
8	/	/	/	/			58	
9	/	/	/	/			59	
10	/	/	/	/			60	
11	/	/	/	/			61	
12	/	/	/	/			62	
13	/	/	/	/			63	
14	/	/	/	/			64	
15	/	/	/	/			65	
16	/	/	/	/			66	
17	/	/	/	/			67	
18	/	/	/	/			68	
19	/	/	/	/			69	
20	/	/	/	/			70	
21	/	/	/	/			71	
22	/	/	/	/			72	
23	/	/	/	/			73	
24	/	/	/	/			74	
25	/	/	/	/			75	
26	/	/	/	/			76	
27	/	/	/	/			77	
28	/	/	/	/			78	
29	/	/	/	/			79	
30	/	/	/	/			80	
31	/	/	/	/			81	
32	/	/	/	/			82	
33	/	/	/	/			83	
34	/	/	/	/			84	
35	/	/	/	/			85	
36	/	/	/	/			86	
37	/	/	/	/			87	
38	/	/	/	/			88	
39	/	/	/	/			89	
40	/	/	/	/			90	
41	/	/	/	/			91	
42	/	/	/	/			92	
43	/	/	/	/			93	
44	/	/	/	/			94	
45	/	/	/	/			95	
46	/	/	/	/			96	
47	/	/	/	/			97	
48	/	/	/	/			98	
49	/	/	/	/			99	
50	/	/	/	/			100	
TOTAL IND.	1		3				TOTAL IND.	
TOTAL DEP.	96		33				TOTAL DEP.	
TOTAL CLAIMS	97		36				TOTAL CLAIMS	

PTO-1360 (2-78)

\*MAY BE USED FOR ADDITION/1 CLAIMS OR AMENDMENTS

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